

**HORNING ROOFING & SHEET METAL CO., LLC  
EMPLOYEE BENEFIT TRUST**

001114

EMPLOYEE BENEFIT TRUST TASC TOTAL ADMINISTRATIVE SERVICES INVOICE NO. INVOICE DATE REFERENCE			Check Date: GROSS 06/27/12	Check No.: DISCOUNT	NET AMOUNT
32082390	04/12/12		140.00	.00	140.00
TOTAL . . . .			140.00	.00	140.00

FORM# MAX-253LE Rev. (4/98) Maxwell Systems Forms Division (866) 203-7300 IN517697



**CONFIDENTIAL**

H00556



JUNE 15, 2012

OK 10 PAY.  
6/25/12  
PMT.

## **STATEMENT**

KEVIN MOORE  
ARDSLEY MAINTENANCE SERVICES,  
2340 ENTERPRISE PARK PL STE A  
INDIANAPOLIS, IN 46218-4296

$$f_{\theta}(x) \sim \mathcal{N}(-12, 10)$$

# **FLEXSYSTEM PLAN ADMINISTRATION**

This invoice reflects the payment due for the period of service indicated. The amount of your payment is based on the number of participants in your Plan at the time of the billing. If you have any questions regarding this invoice, contact TASC Client Services at 1-800-422-4661. We appreciate your business and prompt attention to this matter.

Failure to pay an invoice by the Service Charge Date below will result in a Service Charge of \$20.00 being charged to your account. Failure to remit the full amount in a timely manner may result in cancellation of your plan and a loss of benefits.

**Invoice Date:** 04/12/2012

<b>Plan Number:</b>	A345	<b>Fee:</b>	120.00
<b>Service Period:</b>	06/01/2012 - 06/30/2012	<b>Sales Tax:</b>	0.00
<b>Invoice Number:</b>	3200082390	<b>Service Charge:</b>	20.00
<b>Service Charge Date:</b>	06/11/2012	<b>Total Due:</b>	140.00

Date Due: 04/26/2012

Please indicate the amount enclosed:

ADMINISTRATION FEE \$120.00

Check number

**Return entire form with check to:**

**TASC - Client Invoices**  
**PO Box 88278**  
**Milwaukee, WI 53288-0001**

A345

3200082390

27

38295



10



MAY 23, 2012

## STATEMENT

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ARDSLEY MAINTENANCE SERVICES,  
2340 ENTERPRISE PARK PL STE A  
INDIANAPOLIS, IN 46218-4296  
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